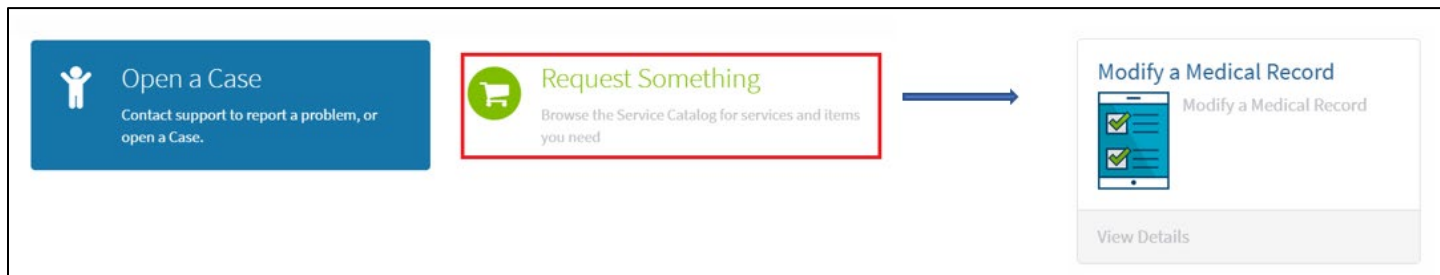


Communication Release

1/19/2024

Medical Record Modification

Providers are reminded that when requesting a Medical Record Modification through the Sage Help Desk, please ensure the required information is entered correctly. These tickets are automatically assigned to the proper unit to assist you more quickly. Delays in completing the request is often related to appropriate unit not being able to find the record because the information provided is inaccurate or incomplete.



Once the ticket is created through the portal, you will receive an email with the ticket information. For follow up questions, including the status of the ticket, logging in through the [Help Desk portal](#) and adding a comment to the ticket is recommended. The comment will go directly to the assigned person/group working on your ticket who can directly address your question/comment. Additionally, the ticket's comments section is where you will find the most up to date information on the status of your record modification request.

Updates for Patients with MHLA

Beginning January 1, 2024, LA County residents eligible or enrolled in MHLA will be eligible for Medi-Cal. As a result, the MHLA program will sunset January 31, 2024. Providers should assist patients with MHLA coverage to apply for Medi-Cal. Once Medi-Cal benefits are verified, providers should update the patient's Financial Eligibility form in Sage to reflect DMC as the primary guarantor and non-DMC as the secondary guarantor.

Existing authorizations will still be valid, and a new service authorization request is not necessary. For Primary Sage Users, continue to select non-DMC as the funding source on the Fast Service Entry Submission form, otherwise your authorization number will not populate.

Additionally, Cal-OMS does not need to be updated after a patient transitions from MHLA to Medi-Cal benefits.

Field-Based Service Location Instructions

An updated [Field Based Services \(FBS\) Standards and Practices](#) has been released. There are new documentation requirements for providers submitting claims for FBS.

- 1) Use the appropriate Place of Service Code in *Location* field when submitting claims.
- 2) Primary users must document the location of FBS within progress notes by:
 - a. Entering the appropriate place of services code in the *Location* field of Progress Notes.

- b. Documenting the location (i.e., the name of the approved FBS location and/or address of the approved FBS location) in which FBS was delivered in the *Field Based Services Location* field within Progress Notes.
- 3) Secondary users must document the location of FBS (i.e., the name of the approved FBS location and/or address of the approved FBS location) within their progress notes of their own EHR and submit a report to SAPC.

Please review the [FBS Standards and Practices](#) for the Place of Service Codes and descriptions approved for FBS. Claims may be subject to recoupment if documentation is missing, incomplete, or incorrect.

Field Based Service Location Name	Description	Place of Service Code
School	A facility whose primary purpose is education	3
Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)	4
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.	12
Assisted Living Facility	Congregate residential facility with self-contained units providing assessment of each resident's needs and offering on-site services, including some health care.	13
Group Home	A residence with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g., medication administration).	14
Mobile Unit	A facility/unit that moves from place to place and equipped to provide preventive screening, diagnostic, and/or treatment services.	15
Temporary Lodging	A short-term accommodation including hotels, campgrounds, or hostels where the patient receives care.	16
Urgent Care Facility	A location, distinct from a hospital emergency room, an office or a clinic, with a purpose to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.	20
Emergency Room—Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.	23
Outreach Site/Street	A non-permanent location on the street or found environment, including encampments where services are provided to for persons experiencing homelessness (PEH)	27
Nursing Facility	A facility that primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons; or, on a regular basis, health-related care services above the level of custodial care to residents other than individuals with intellectual disabilities.	32
Custodial Care Facility	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.	33
Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries with preventive primary medical care under the general direction of a physician.	50
Community Mental Health Center (CMHC)	A facility that provides mental health services, including Department of Mental Health provider agencies and other mental health services organizations.	53
Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.	71
Other Place of Service	Other place of service not identified above, including community centers, parks, faith-based organizations, community-based organizations, and non-profit organizations.*	99

Treatment services provided at a DMC Certified facility should use *Residential Substance Abuse Treatment Facility (55)* or *Non-residential Substance Abuse Treatment Facility (57)*. The *Other* or *Office* should NOT be used for services provided at DMC Certified facility.

Sage Updates: Updates to PCNX Forms

Due to enhancement requests, updates to CalAIM requirements, and sunseting of programs four (4) forms have been updated in **TRAIN**:

Form	Changes
Discharge and Transfer Form	Replaced Whole Person Care question with Naloxone related questions.
Patient Medications	Removed Type of Medication field and added Medication Start Date, End Date and Status.
Problem List/Treatment Plan	(Primary Sage Users Only) Added diagnosis fields as it is now required per CalAIM documentation requirements. This allows users to select ICD-10 diagnoses in this searchable field.
Progress Note	Replaced "LPHA Specific Procedure (Only for LPHA use of CPT procedures)" with "Procedure Codes (CPT/HCPCS)." This now provides a full listing of CPT and HCPCS codes that will assist billers in selecting the appropriate procedure codes to bill. The code description matches language in the Rate and Standards Matrix , which direct service practitioners are highly encouraged to review.

NOTE: These forms will be transitioned to LIVE in early February, so providers are highly encouraged to review and practice these forms in TRAIN. Providers are encouraged to attend the [PCNX Office Hours](#) on Fridays from 10am -11am or you may email Sage@ph.lacounty.gov if there are questions regarding using the updated forms.

Sage Updates: New Reports added to PCNX

Two (2) new reports will be made available to providers Monday 1/22/2024. The [Sage-PCNX Guide to Reports](#) has been updated to reflect the additions.

Report	Description
Referral ID Report	The purpose of this report is to provide referrals information and ensure patients who show or no-show to their appointment are tracked correctly. Providers will use this report information to complete the Appointment Disposition Log form and input the outcome on the patient's appointment status.
Cost of Service by Client Report	This report will allow providers to view the billing history for a given period, site, and patient. This report will be limited to individuals with financial related roles.

Patient Handbook Acknowledgement form went Live on January 15, 2024

Patient Handbook Acknowledgement: The Patient Handbook and Orientation Video Acknowledgement Form was added to PCNX effective Monday 1/15/2024. Providers and patients now have the option of documenting in PCNX that a patient has viewed the patient orientation video and/or been provided with the Patient Handbook as is required per DHCS Behavioral Health Information Notice 23-048. As outlined in the most recent Provider Manual, providers are required to complete this form after new patients have viewed the video or received the patient handbook on the date of first service intake/appointment, and in some cases no longer than 5th service date.

Reminders From Prior Sage Provider Communications:

Agencies that Intend Convert to Secondary Sage User Must Submit Official Request: Agencies that are currently configured as Primary or Hybrid Sage Users and would like to convert to Secondary Sage Users in FY 24/25, must submit an official written request to SAPC's Director, Gary Tsai, MD, (gtsai@ph.lacounty.gov) by Wednesday 1/31/2024. If the official request is not submitted by 1/31/2024, then Hybrid users will be required to convert to Primary Sage user, utilizing Sage for all clinical documentation and billing starting on 7/1/2024. For questions related to the Primary to Secondary conversion process please email SAPC_support@ph.lacounty.gov.

Group Counseling and Patient Education for FY 22-23: SAPC recently became aware of a Sage configuration issue causing some group counseling and patient education services for FY 22-23 to be denied by DHCS for CO 96 N362. SAPC requests that providers temporarily hold submitting original or resubmitted claims for group counseling and patient education services delivered for FY 22-23 until the configuration can be updated. SAPC will notify the network as soon as a resolution has been implemented.

Workflow for those who Cannot Access the ASAM in Sage: There is a small number of provider staff across the network who are unable to access the ASAM Continuum using either the Finalize ASAM Assessment or ASAM Assessment forms. SAPC and Netsmart have prioritized identifying a resolution to this issue. If staff are unable to access the ASAM Continuum or Co-Triage, please follow the below steps depending on discipline level.

SUD Counselors/LPHAs completing the Assessment:

1. Utilize the paper based/soft copy version of the assessment tool published on the SAPC website

- a. [Adult Assessment](#)
- b. [Youth Assessment](#)
- c. [Screening- Adult](#)

2. The youth and young adult screener is still accessible in Sage as it is not affected by this issue.

LPHAs that cannot review or finalize an ASAM completed by another staff:

1. The staff who completed the assessment must print or save to PDF the ASAM assessment for the LPHA to review.

- a. The LPHA can sign using a wet signature, including printed name, credential and date of signature, then scan/uploaded into Sage.
 - b. If using a PDF, the LPHA can use an e-signature via PDF or topaz device to sign the PDF, along with a printed name, credential and date of signature, which will also be uploaded into Sage.
-